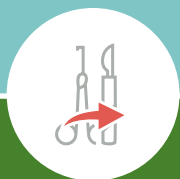


**CPSBC**

College of  
Physicians and Surgeons  
of British Columbia



## Annual Report 2021/22



## Land acknowledgement

The College of Physicians and Surgeons of British Columbia is located on the unceded and traditional territories of the Coast Salish Peoples, including the x̣ṃəθkwəỵəm (Musqueam), Skwxwú7mesh (Squamish), and Səl̓ílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations, whose historical relationships with these lands continue to this day. The College also acknowledges that its registrants are located on Indigenous territories across the province.

## About this report

This report describes the work and activities of the College's fiscal year from March 1, 2021 to February 28, 2022 unless otherwise indicated. It highlights the major accomplishments toward key objectives articulated in the Board's strategic plan, and reflects the commitment and dedication of many who give their time and expertise to deliver on the College's mandate.

## Committee reports

The chairs of each of the College's committees are required by statute to submit a written report of their specific activities and accomplishments to the Board. These reports can be viewed on the College [website](#).

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# 1

## Overview of the College

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### **Our mission**

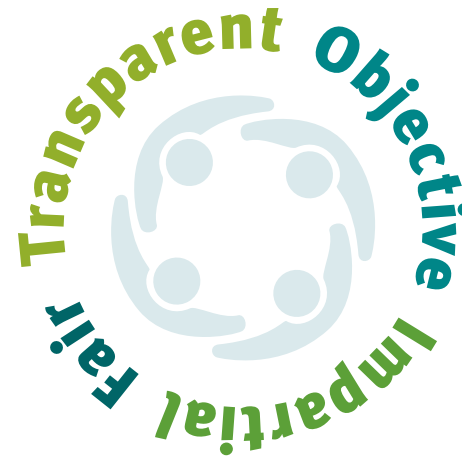
Serving the public  
by regulating  
physicians and  
surgeons

### **Our mandate**

The College of Physicians and Surgeons of British Columbia regulates the practice of medicine under the authority of provincial law. All physicians and surgeons who practise medicine in the province must be registrants of the College. The College's overriding interest is the protection and safety of patients. The role of the College is to ensure that registrants meet expected practice standards and that they are qualified, competent and fit to practise medicine. The College manages

processes for responding to complaints from patients and for taking action if a physician or surgeon is practising in a manner that is incompetent, unethical or illegal. The College also administers a number of quality assurance activities to ensure physicians and surgeons remain competent throughout their professional lives, and patients receive care in accredited diagnostic and private medical/surgical facilities.

## Overview of the College



### Our values

#### Transparent

- Regulatory processes and policies are clear, accessible and applied consistently
- Information about the mandate and work of the College is readily available and easy to understand
- Relevant information about registrants and accredited facilities is accessible to the public
- Public is involved in regulatory proceedings and policy development

#### Objective

- Regulatory decisions are evidence-based and rationale is clearly explained and defensible
- Board and committee membership is diverse, reflective of the public, and inclusive of a broad range of opinion, perspective, qualification and experience

#### Fair

- Regulatory processes and proceedings are conducted according to established rules of order and the law
- All individuals are treated equally with dignity, courtesy and respect, and without discrimination

#### Impartial

- Regulatory processes and decisions are unprejudiced and free of bias
- Board and committee members identify and address perceived or real conflict of interest in advance of proceedings
- All points of view are heard and considered

## 2 Message from the president and registrar

Whether it is BC's ongoing pandemic response, debates around vaccines and public health measures, or confronting our country's colonial past, the College's resolve as a regulator has been tested like no other time in recent history. Despite these challenges, the College continued its journey to adapt and evolve while maintaining its unwavering commitment to serve the public.

Part of this commitment included taking actions to support the province's public health response to COVID-19. The College issued a joint statement with the First Nations Health Authority in May 2021 about vaccine misinformation, provided guidance to the public on how to spot illegitimate vaccine exemptions, required all College employees to be vaccinated, and invited eligible retired registrants to re-register in the emergency class to provide vaccines.

Similarly, registrants continued to tirelessly care for their patients while coping with the toll of the pandemic. We recognize how challenging this year has been for them. New COVID-19 variants,



**B. Anne Priestman, MD, FRCPC**  
*President*

**Heidi M. Oetter, MD**  
*Registrar and CEO*

## Message from the president and registrar

rising hospitalizations, staffing shortages, vaccine hesitancy, protests, and misinformation all conspired to make what is already a difficult profession even more difficult. We extend our appreciation and gratitude to those who continued to provide quality care for their patients during these trying times.

The College also continued its efforts this past year to become a more equitable, diverse, and inclusive organization. A new website was launched in July 2021 after extensive rounds of testing to ensure it was user-friendly and provided the public an accessible entry point to engage with the College. To support efforts to make the complaints process more accessible to all British Columbians, the College hired a complaint navigator trained in trauma-informed care. A full review of the complaints process will occur in 2022 to ensure Indigenous Peoples

as well as children and youth feel safe and supported when filing a complaint. On the governance front, the College launched an extensive open-call recruitment campaign for membership on committees to reflect the diversity of British Columbia.

Several milestones were also reached in support of the cultural safety and humility core pillar in the College's 2021–2024 strategic plan. A new practice standard, *Indigenous Cultural Safety, Cultural Humility and Anti-racism*, was developed in partnership with the BC College of Nurses and Midwives following an extensive consultation process. It was approved by the Board in February 2022 (see page 7). A rebranding process, which was launched in August 2021, will include replacing the existing College crest with a new visual identity that reflects the College's values of inclusivity and accessibility.

These milestones represent progress; however, the discovery of the remains of children at former residential schools in Kamloops, Williams Lake and other places across the country is a tragic reminder that there is still much to learn and do before racism is eliminated in the health-care system. The College has publicly acknowledged this country's colonial past in a formal written apology to Indigenous Peoples and is fully committed to its truth and reconciliation journey.

The “new normal” we strove for this past year eluded us with every shift in the pandemic. Nonetheless, we still have an unprecedented opportunity to shape the future together. The College's mandate to serve the public is the foundation of the work done this year as outlined in this report.

# 3 Cultural safety and humility

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## *New Indigenous Cultural Safety, Cultural Humility and Anti-racism practice standard published*

As part of its mandate to protect the safety of BC patients, the College is committed to eliminating the cycle of Indigenous-specific racism that is embedded in the province's health-care system. It is also committed to inviting Indigenous voices and integrating the principles of cultural safety and humility into its governance, organizational culture, strategic plan and operations.

Dr. Mary Ellen Turpel-Lafond's *In Plain Sight* report released in November 2020 demonstrated that some health-care professionals continue to perpetuate Indigenous-specific racism, resulting in harm, neglect, misdiagnosis and even death of Indigenous patients. The new *Indigenous Cultural Safety, Cultural Humility and Anti-racism* practice

standard, approved by the Board in February 2022, is one way the College is redressing that harm by ensuring patients receive culturally safe care.

This practice standard was developed in collaboration with the BC College of Nurses and Midwives (BCCNM) and guided by two experienced advisors to ensure Indigenous voices and perspectives were heard. The consultation process was extensive, spanning 18 months. During this time, the College engaged with Indigenous patients and registrants through virtual discussion circles, and both the public and registrants through surveys. Feedback was also invited from health partners at various stages along the way.

## Cultural safety and humility

The College also reviewed multiple reports to learn from and build upon work conducted by others.

In addition to the new practice standard, the College published a library of resources for registrants to guide their learning as they operationalize the principles contained in the standard.

The College is grateful to everyone who provided feedback and input throughout the development process and recognizes the following Indigenous partners for their leadership:

- aḷəməθot (Davis McKenzie) of Tla'amin Nation
- k'wunəməɛn (Joe Gallagher) of Tla'amin Nation
- Tesla II (Dr. Evan Adams)
- Sulksun (Shane Pointe) of Musqueam Nation



On June 1, 2021, College employees wore orange and took part in a moment of silence to acknowledge and honour the 215 children found buried at the Kamloops residential school and other victims and survivors of residential schools.



## Cultural safety and humility

### Journey to a shared practice standard – *Indigenous Cultural Safety, Cultural Humility and Anti-racism*

#### 2017

BC Health Regulators and the First Nations Health Authority (FNHA) sign the *Declaration of Commitment: Cultural Safety and Humility in the Regulation of Health Professionals Serving First Nations and Aboriginal People in British Columbia*, which marks a significant public commitment to ensure that culturally safe practices are embedded in daily operations and formal proceedings.

#### 2019

The BC government passes the *Declaration on the Rights of Indigenous Peoples Act* obligating the legislature to bring laws into compliance with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

# 2017

# 2019

# 2020

#### June

The Minister of Health directs that a public investigation be conducted following reports of racism against Indigenous Peoples in BC's health-care system. The investigation is led by Dr. Mary Ellen Turpel-Lafond.

#### June to September

The Board directs that a new practice standard be developed requiring registrants to embed cultural safety and humility principles into their practice. Collaboration begins with the BC College of Nurses and Midwives (BCCNM) and two Indigenous consultants to draft initial principles. The draft principles are shared with the FNHA for feedback.

#### October

Multiple related reports are reviewed, including the *Truth and Reconciliation Commission of Canada: Calls to Action and Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*. Discussions are held with regulators in New Zealand and Australia who are doing similar work.

#### November

Dr. Mary Ellen Turpel-Lafond releases her final report on Indigenous-specific racism: *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care* with recommendations and calls to action directed at the BC government, health authorities, regulators, educational institutions, health service organizations, providers and facilities.

#### December

The Patient Relations, Professional Standards and Ethics (PRPSE) Committee meets to discuss the findings and recommendations in the *In Plain Sight* report and review the draft principles.

## Cultural safety and humility

### **Journey to a shared practice standard – *Indigenous Cultural Safety, Cultural Humility and Anti-racism***

#### **January**

The College and the BCCNM establish a formal working group to transition the draft principles into a robust practice standard.

#### **March to November**

A comprehensive consultation process is conducted on the draft practice standard with registrants of both colleges, members of the public, health partners, Indigenous leaders, Indigenous registrants and patients, educational institutions, and the Ministry of Health, which includes surveys, guided virtual circle discussions, focus groups, and meetings.

#### **December**

The PRPSE committee reviews the findings from the consultation and discusses incorporating the feedback into the draft practice standard. Edits are made by the joint working group.

2021

2022

#### **February**

The final *Indigenous Cultural Safety, Cultural Humility and Anti-racism* practice standard is presented to and approved by the Board at its meeting on February 25. The practice standard and a library of related educational resources is published on the College [website](https://www.cpsbc.ca).

# 4 Registering qualified physicians and surgeons

The College has legislated registration requirements that must be met before a physician or surgeon can obtain a licence to practise medicine in British Columbia. Before making a decision, the College carefully reviews an applicant's education, training, and relevant practice experience, as well as any outstanding investigations, disciplinary actions or restrictions from other jurisdictions, to ensure that only qualified, competent and ethical physicians and surgeons are granted registration. The College also administers the *Criminal Records Review Act*, which provides that a criminal record check must be completed by all registrants of the College.

Applicants who meet all of the requirements of the full class of registration may begin independent medical practice within their scope anywhere in the province.

The College welcomes applications from physicians and surgeons who have obtained their medical degree in another country. International medical graduates (IMGs) are often registered in the provisional class as an interim step so that they can apply their knowledge and skill to the care of patients while under sponsorship by a health authority and supervision by another qualified registrant. To advance to the full class of registration, physicians and surgeons in the provisional class must complete Canadian qualifying exams, or they may be eligible to participate in a comprehensive workplace assessment within a specified period of time.

## COVID-19 emergency registration

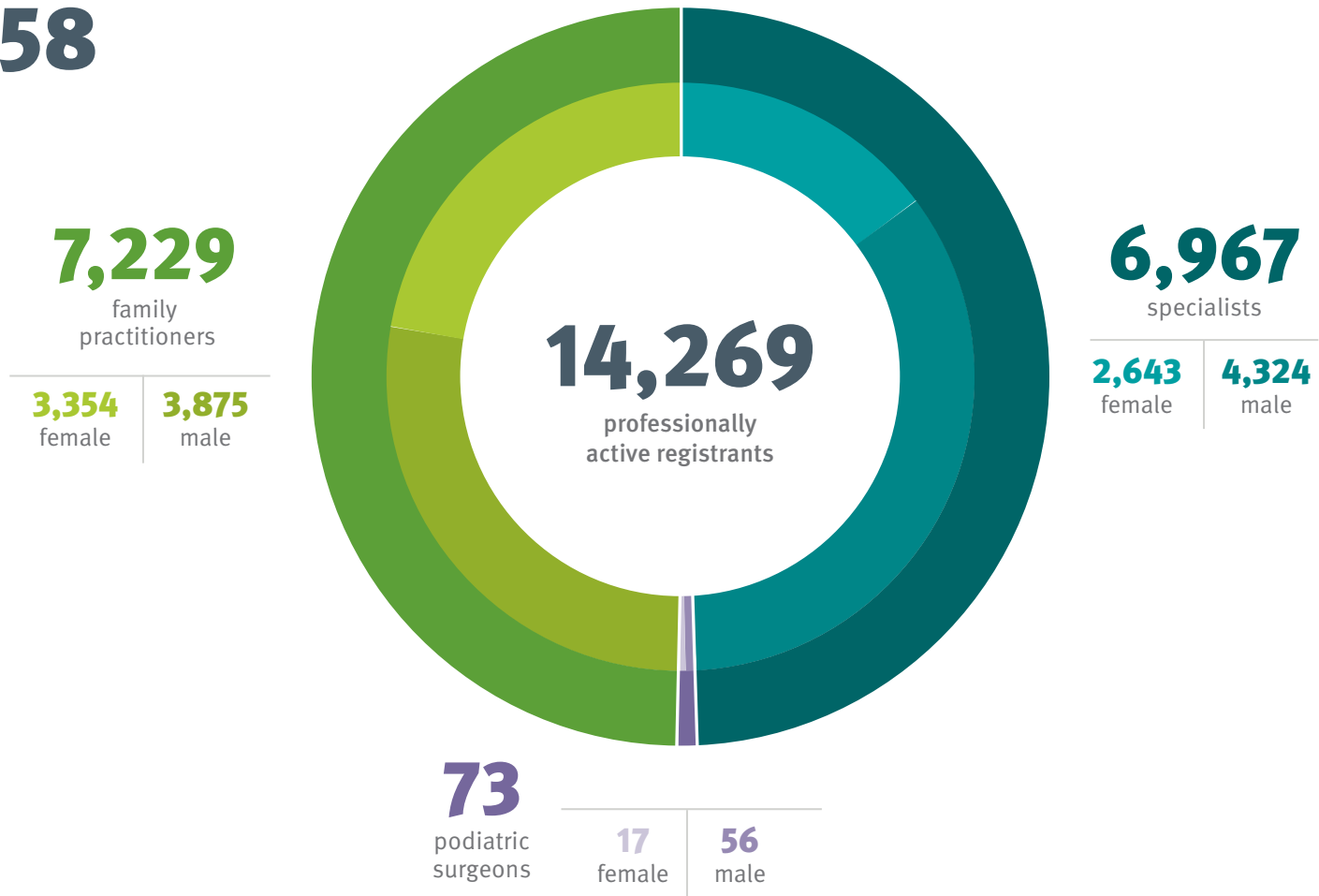
The College initiated emergency registration four times during the COVID-19 pandemic to temporarily re-register eligible retired physicians and surgeons to assist with BC's pandemic response. In December 2021, the College extended the emergency licensure of those who were already licensed in this class to support the province's vaccine booster program and invited eligible retired physicians and surgeons to re-register. From December 2021 to the end of February 2022, an additional 47 physicians and surgeons re-registered in the emergency class.

## Registering qualified physicians and surgeons

### Total registrants

# 15,058

Figures calculated as of February 28, 2022



## Registering qualified physicians and surgeons

## The **14,269** practising registrants obtained their medical degree or podiatric medical degree from the following locations:

Figures calculated as of February 28, 2022

Country	F	M	Total	Country	F	M	Total	Country	F	M	Total	Country	F	M	Total
Canada	4,361	5,457	9,818	Saudi Arabia	6	8	14	Italy	3	2	5	Portugal	1	1	2
South Africa	270	731	1,001	Colombia	8	5	13	Kenya	0	5	5	Thailand	1	1	2
United Kingdom	197	356	553	Czech Republic	4	9	13	Montserrat	1	4	5	Hong Kong	0	2	2
Ireland	142	180	322	Mexico	4	9	13	Vietnam	1	4	5	Afghanistan	0	1	1
United States	116	200	316	Cayman Islands	5	7	12	Anguilla	1	3	4	Albania	0	1	1
India	114	199	313	Hungary	8	4	12	Belize	1	3	4	Cuba	1	0	1
Iran	93	111	204	Israel	5	6	11	Croatia	4	0	4	Ecuador	1	0	1
Australia	58	106	164	Aruba	2	8	10	Jordan	1	3	4	Ethiopia	0	1	1
Pakistan	43	70	113	Zimbabwe	2	8	10	Lebanon	2	2	4	Finland	0	1	1
Netherlands Antilles	55	55	110	Netherlands	4	5	9	Peru	2	2	4	Georgia	1	0	1
Nigeria	28	80	108	Singapore	5	4	9	Republic of Korea	2	2	4	Guyana	1	0	1
China	41	48	89	Saint Vincent and Grenadines	5	4	9	Senegal	4	0	4	Honduras	1	0	1
Grenada	36	49	85	Taiwan	3	6	9	Serbia	2	2	4	Japan	1	0	1
Poland	44	41	85	Turkey	5	4	9	Slovakia	3	1	4	Kuwait	0	1	1
Egypt	20	59	79	Uganda	1	8	9	Venezuela	3	1	4	Latvia	1	0	1
Dominica	18	32	50	Belgium	2	6	8	Zambia	2	2	4	Macedonia	1	0	1
Russia	29	21	50	Sudan	3	5	8	Armenia	1	2	3	Madagascar	0	1	1
Saint Kitts and Nevis	17	32	49	Syrian Arab Republic	0	8	8	Bahrain	2	1	3	Malawi	0	1	1
Germany	11	32	43	Austria	4	3	7	Dominican Republic	0	3	3	Malta	1	0	1
Iraq	12	24	36	Serbia and Montenegro	5	2	7	Guatemala	0	3	3	Nepal	0	1	1
Romania	26	9	35	Trinidad and Tobago	4	3	7	Republic of Moldova	2	1	3	Nicaragua	0	1	1
Libya	4	30	34	Belarus	5	1	6	Saint Lucia	3	0	3	Oman	1	0	1
New Zealand	11	23	34	Chile	4	2	6	Sri Lanka	3	0	3	Puerto Rico	0	1	1
Philippines	18	15	33	Spain	2	4	6	Sweden	1	2	3	Switzerland	1	0	1
Ukraine	16	13	29	Barbados	3	2	5	Denmark	1	1	2	United Republic of Tanzania	1	0	1
Other*	12	12	24	Bosnia and Herzegovina	4	1	5	Fiji	1	1	2	Yemen	1	0	1
Antigua and Barbuda	9	10	19	Democratic Republic of Congo	1	4	5	Indonesia	2	0	2	Yugoslavia	1	0	1
Bulgaria	8	11	19	France	3	2	5	Kazakhstan	2	0	2				
Bangladesh	8	10	18	Ghana	1	4	5	Kyrgyzstan	2	0	2				
Argentina	7	10	17					Morocco	1	1	2				
Brazil	9	7	16					Myanmar	1	1	2				
Jamaica	2	13	15					Paraguay	1	1	2				
												<b>Grand total</b>	<b>6,014</b>	<b>8,255</b>	<b>14,269</b>

\* Other includes registrants who received their medical degree from countries that are no longer recognized.

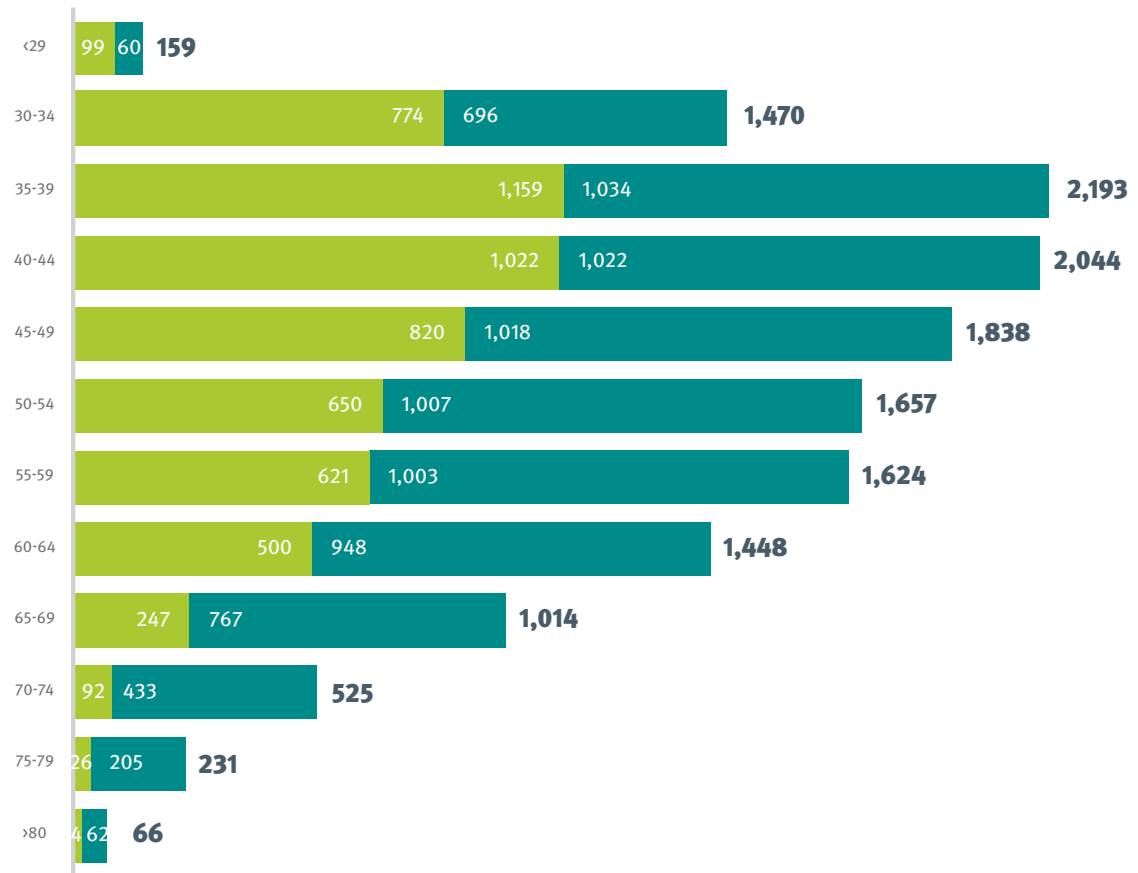
## Registering qualified physicians and surgeons

### Age distribution of professionally active registrants

Figures calculated as of February 28, 2022

**6,014**  
female

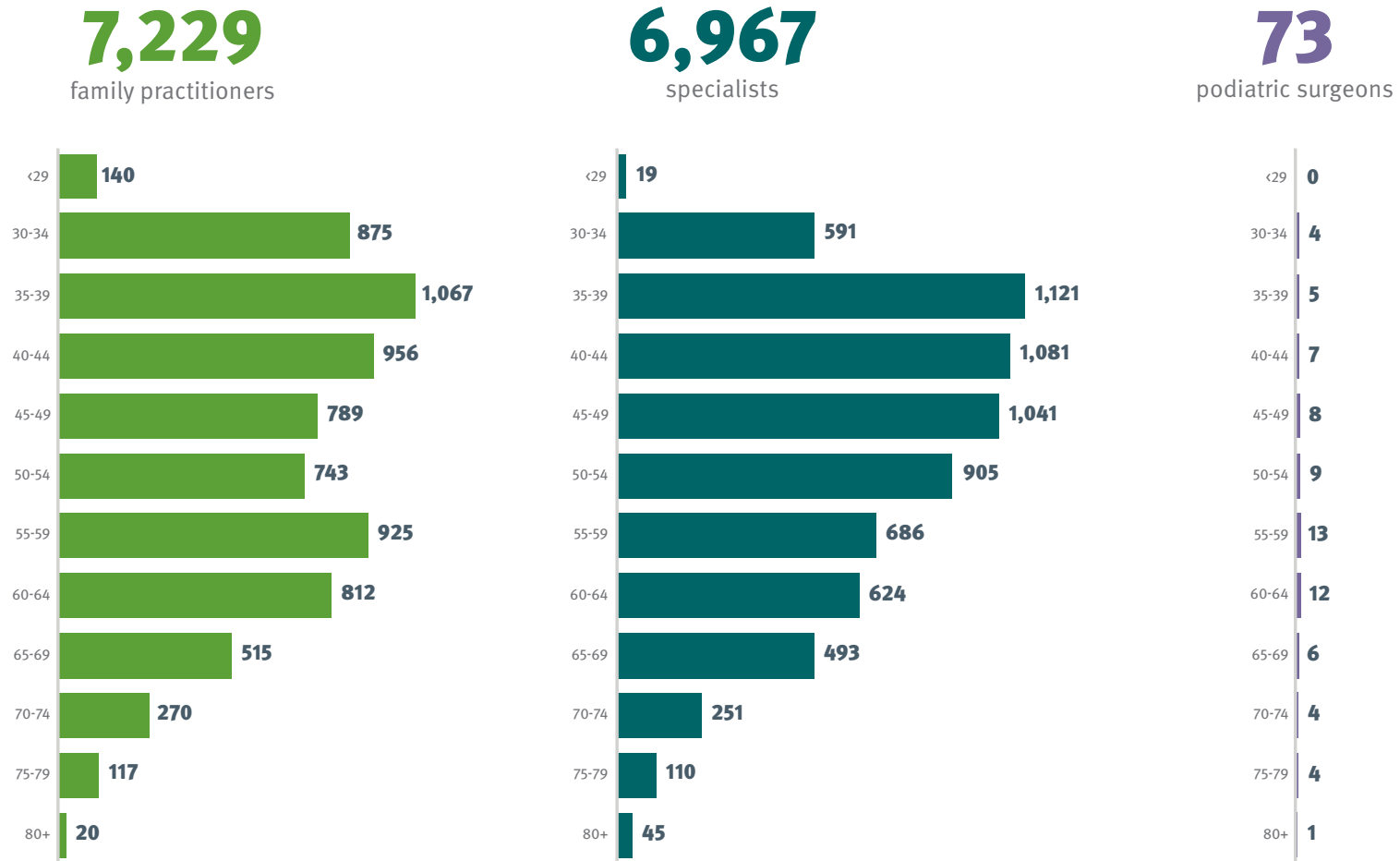
**8,255**  
male



## Registering qualified physicians and surgeons

### Age distribution of professionally active registrants

Figures calculated as of February 28, 2022



## Registering qualified physicians and surgeons

### Geographic distribution of professionally active registrants

Figures calculated as of February 28, 2022

**7,229**

family practitioners

**6,967**

specialists

**73**

podiatric surgeons

**District 3**  
VANCOUVER AND SURROUNDING AREA

Family practitioners	2,032
Specialists	3,017
Podiatric surgeons	29
<b>Total</b>	<b>5,078</b>

**District 2**  
VANCOUVER ISLAND, CENTRAL AND NORTHERN

Family practitioners	671
Specialists	405
Podiatric surgeons	3
<b>Total</b>	<b>1,079</b>

**District 1**  
VANCOUVER ISLAND, SOUTH

Family practitioners	799
Specialists	711
Podiatric surgeons	9
<b>Total</b>	<b>1,519</b>

**District 4**  
FRASER

Family practitioners	1,868
Specialists	1,509
Podiatric surgeons	22
<b>Total</b>	<b>3,399</b>

**District 5**  
THOMPSON-OKANAGAN

Family practitioners	890
Specialists	775
Podiatric surgeons	9
<b>Total</b>	<b>1,674</b>

**Other\***

Family practitioners	183
Specialists	219
Podiatric surgeons	0
<b>Total</b>	<b>402</b>

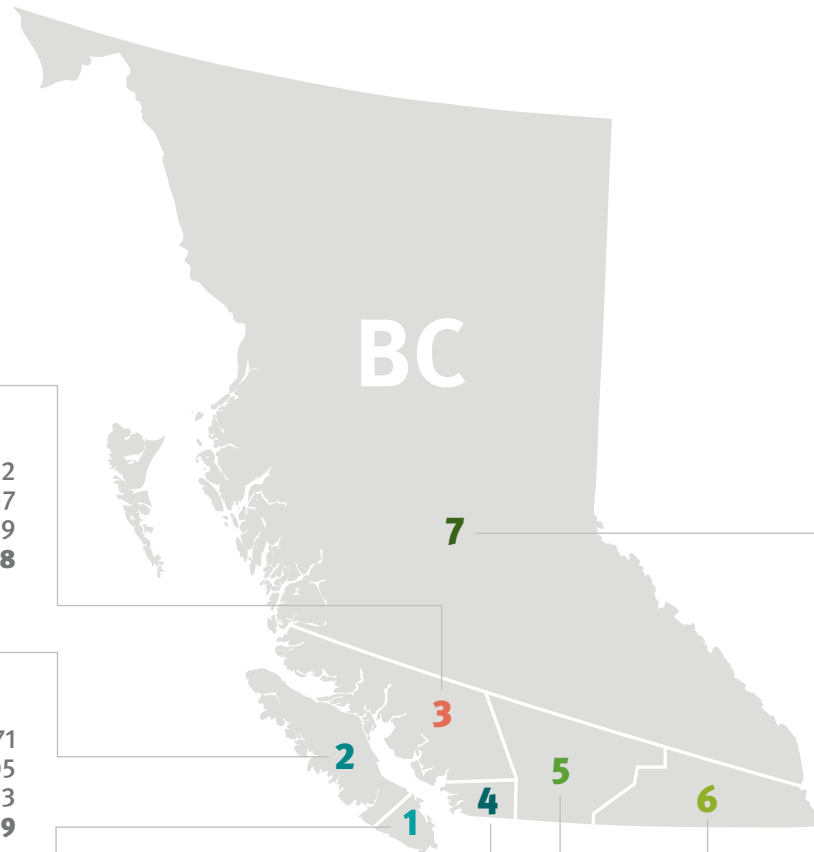
\* Other includes registrants with multiple or out of province addresses, such that an electoral district could not be determined.

**District 7**  
NORTHERN

Family practitioners	500
Specialists	202
Podiatric surgeons	0
<b>Total</b>	<b>702</b>

**District 6**  
KOOTENAYS

Family practitioners	286
Specialists	129
Podiatric surgeons	1
<b>Total</b>	<b>416</b>





## Registering qualified physicians and surgeons

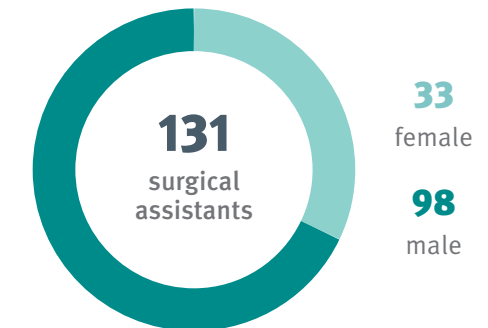
### Specialties of professionally active registrants

Figures calculated as of February 28, 2022

Specialty	F	M	Total	Specialty	F	M	Total
Anatomical Pathology	55	79	134	Medical Genetics and Genomics	3	0	3
Anesthesiology	169	457	626	Medical Microbiology	16	16	32
Cardiac Surgery	2	19	21	Medical Oncology	3	1	4
Cardiology	1	7	8	Nephrology	0	1	1
Cardiothoracic Surgery	0	1	1	Neurology	71	120	191
Cardiovascular and Thoracic Surgery	0	4	4	Neuropathology	1	7	8
Child and Adolescent Psychiatry	1	0	1	Neurosurgery	3	48	51
Community Medicine	4	12	16	Nuclear Medicine	1	9	10
Dermatology	41	39	80	Obstetrics and Gynecology	194	103	297
Developmental Pediatrics	0	1	1	Occupational Medicine	2	2	4
Diagnostic Radiology	124	276	400	Ophthalmology	55	168	223
Emergency Medicine	88	138	226	Orthopedic Surgery	39	247	286
Endocrinology and Metabolism	0	1	1	Other*	727	1110	1837
Forensic Psychiatry	1	0	1	Otolaryngology - Head and Neck Surgery	16	86	102
General Pathology	16	38	54	Pediatrics	220	127	347
General Surgery	86	181	267	Physical Medicine and Rehabilitation	44	76	120
Hematological Pathology	18	19	37	Plastic Surgery	40	79	119
Hematology	1	1	2	Psychiatry	348	426	774
Internal Medicine	166	249	415	Public Health and Preventive Medicine	12	14	26
Medical Biochemistry	4	6	10	Radiation Oncology	42	50	92
Medical Genetics	12	4	16	Rheumatology	1	1	2
				Urology	16	93	109
				Vascular Surgery	0	8	8
				<b>Grand total</b>	<b>2,643</b>	<b>4,324</b>	<b>6,967</b>

\* Other includes registrants performing only a subspecialty or registrants with multiple specialties.

### Surgical assistants



Registration in the surgical assistant class may be granted to any registrant who was or is currently in the full – family, full – specialty, special, osteopathic, academic, conditional – practice limitations, or conditional – practice setting class. Registrants who are granted surgical assistant registration must limit their practice and must surrender their privileges, including writing prescriptions and pre- and post-operative orders.

## Registering qualified physicians and surgeons

### New registrants

For the period of March 1, 2021 to February 28, 2022



**541**  
family practitioners

**271** female  
**270** male

**520**  
specialists

**237** female  
**283** male



**63**  
family practitioners

**36** female  
**27** male

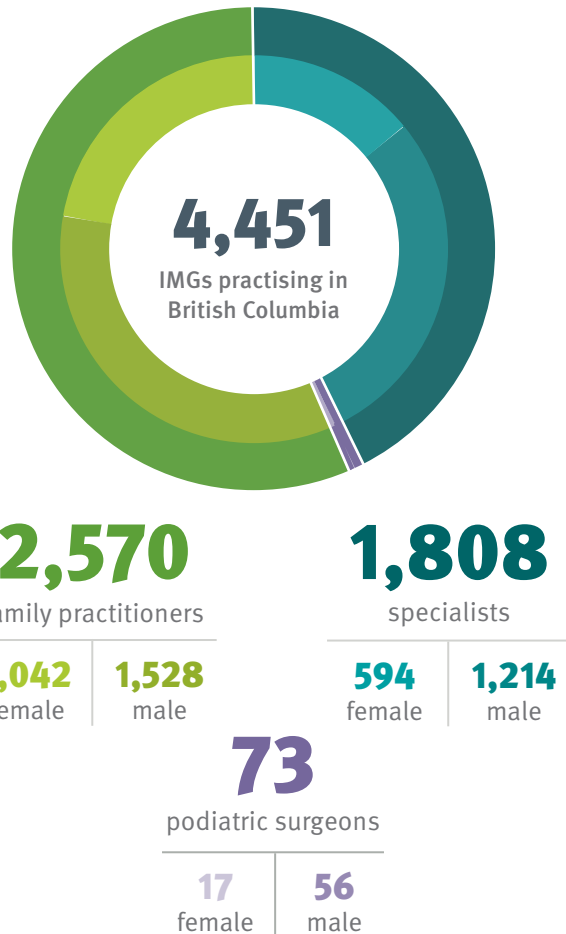
**46**  
specialists

**20** female  
**26** male

## Registering qualified physicians and surgeons

### International medical graduates

For the period of March 1, 2021 to February 28, 2022



- 222** IMGs applied for registration in British Columbia
- 103** new IMG applicants were granted provisional registration
  - 58** family practitioners
  - 45** specialists
- 463** new IMG applicants were granted full registration
  - 267** family practitioners
  - 196** specialists
- 226** IMGs previously on the provisional register were advanced to the full register
- 72** IMGs were licensed to become clinical observers\*

\* Clinical observers are IMGs who are not eligible for registration. The clinical observership licence serves as a bridge allowing IMGs to observe and learn in a practice setting under a registrant’s direct supervision. The goal is to provide IMGs with an informal educational experience, allow them to become familiar with the provincial medical system and gain a competitive advantage when applying for a residency program to eventually pursue a licence for independent practice.

### English language proficiency requirements

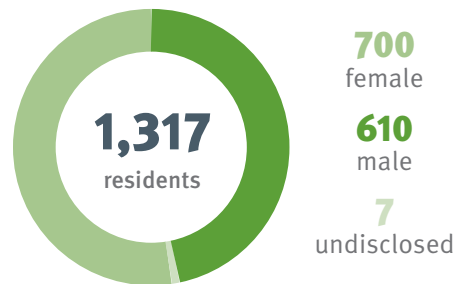
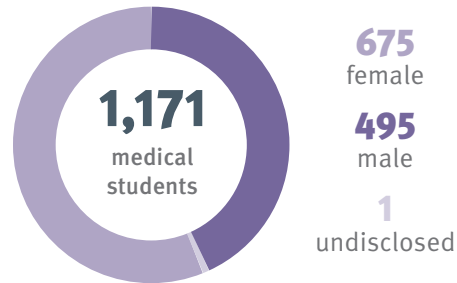
The Federation of Medical Regulatory Authorities in Canada updated its *Model Standards for Medical Registration in Canada* in February 2021 to add two acceptable English language proficiency exams—the Occupational English Test (OET) – Medicine and the Canadian English Language Proficiency Index Program (CELPIP) – General. The addition of these testing options was timely because of COVID-19-related delays of tests offered by the International English Language Testing System (IELTS).

The College Board approved the addition of the OET – Medicine and the CELPIP – General to the *English Language Proficiency Requirements* policy in July 2021 as acceptable examinations to demonstrate English language proficiency, in addition to the to the IELTS – Academic.

For the purposes of the annual report, an IMG is determined by the jurisdiction where the medical degree was obtained, not by country of birth.

## Registering qualified physicians and surgeons

### Educational registrants



### Health Professions Review Board (HPRB) Registration matters

- 640** reviewable registration decisions issued by the Registration Committee
- 6** applications for review of a decision by the Registration Committee were filed
- 7** applications for review of a decision by the Registration Committee were dismissed

Note: A dismissal includes applications voluntarily withdrawn by the applicant and applications formally dismissed by the HPRB.

#### The College received the following final decisions from the HPRB with respect to Registration Committee matters:

- 2** applications for review of a decision by the Registration Committee were confirmed
- 5** application for review of a decision by the Registration Committee returned for reconsideration

Pursuant to the *Health Professions Act*, a registrant or an individual seeking to become a registrant may apply to the HPRB for a review of a decision of the Registration Committee (reviewable registration decisions) within 30 days of the day on which written notice of the decision was delivered.

All of the decisions made by the HPRB can be found at [www.hprb.gov.bc.ca](http://www.hprb.gov.bc.ca).

# 5 Addressing patient concerns

Safeguarding the public is the mandate of the College. The comprehensive review of each complaint filed with the College ensures a just and fair process for patients and registrants involved in complaints proceedings. Every complaint filed with the College is reviewed by the Inquiry Committee composed of registrants and members of the public.

Through its investigation, the Inquiry Committee determines the best means to conclude the matter in the public interest. If the Inquiry Committee is critical of the registrant, the *Health Professions Act* provides three options for resolution depending on the seriousness of the concern:

1. Informal resolution through correspondence, interviews, and/or educational activities
2. Formal consequences, short of discipline, including reprimands and practice restrictions
3. Referral to the registrar with direction to issue a citation and begin disciplinary proceedings

Most complaints that prompt the issuing of a citation are ultimately resolved through consent orders. If a consent resolution is not possible, the matter proceeds to a hearing before the Discipline Committee.

## Themes of complaints:

### Clinical

- Over or under prescribing medication
- Incorrect diagnosis that may put a patient at risk
- Failure to perform a physical examination

### Conduct

- Inappropriate communication and rudeness
- Undue delay in transferring medical records or completing reports

### Boundary violations

- Inadequate conduct during a sensitive exam
- Inappropriate social or business relationship with a patient

## Complaints process review

A comprehensive review of the complaints process is currently under way to improve accessibility for children, youth and Indigenous Peoples. In September 2021, a request for proposal was issued, seeking experts in child and youth health to support the College in reviewing and improving its complaint pathways for children and youth, as well as for their families, caregivers and their advocates. Another request for proposal was issued in November 2021 seeking Indigenous consultants based in BC to identify opportunities to make the complaints process safer and more accessible to Indigenous Peoples.

## Addressing patient concerns

For the period of March 1, 2021 to February 28, 2022



**526** clinical  
**627** conduct  
**12** boundary  
**45** other



**347** clinical  
**478** conduct  
**17** boundary  
**28** other

### Complaints concluded

#### By subcategory

<b>Clinical</b>	<b>347</b>
Case management	183
Documentation	47
Surgical complication	37
Clinical – other	25
Consent	19
Diagnosis	18
Prescribing	16
Other complication	2
<b>Conduct</b>	<b>478</b>
Conduct – other	144
Communication	113
Practice management	82
Medical records and third-party medical reports	74
Discrimination/access to care	31
Advertising	19
Breach of confidentiality	11
Conflict of interest	4
<b>Boundary</b>	<b>17</b>
Physical contact	11
Relationship	3
Boundary – other	3
<b>Other</b>	<b>28</b>
Other	8
Duty to report	7
Failure to cooperate	6
Unprofessional conduct	5
Failure to comply with limit or condition	2

### By disposition

<b>No (or very minor) criticism</b>	33(6)(a) & 32(3)(c)	<b>413</b>
<b>Criticism</b>		<b>346</b>
Advice/written criticism	33(6)(b) & 32(3)(c)	274
Remediation by consent	36(1)(a)/(b)/(d)	51
Citation issued	33(6)(d)	11
Reprimand	36(1)(c)	8
Consent agreement	37.1	2
<b>Abandoned/withdrawn</b>	–	<b>47</b>
<b>Dismissed by registrar</b>	32(3)(a) & 32(3)(b)	<b>52</b>
<b>Other</b>		<b>12</b>

## Addressing patient concerns

### Practice investigations

Pursuant to section 33(4) of the *Health Professions Act*, the Inquiry Committee is authorized to investigate the practice of a College registrant, on its own motion, where concerns regarding overall competency or conduct are identified. This practice investigation may include a review of clinical and practice records and of the quality of medical and surgical care provided.

- 76** practice investigations opened
- 97** practice investigations concluded

### Concluded by disposition

<b>No (or very minor) criticism</b>	33(6)(a) & 32(3)(c)	<b>34</b>
<b>Criticism</b>		<b>35</b>
Advice/written criticism	33(6)(b)	20
Remediation by consent	36(1)(a)/(b)/(d)	15
<b>Transferred</b>		<b>25</b>
<b>Skill and knowledge assessment</b>		<b>2</b>
<b>Other</b>		<b>1</b>

### Unlicensed practice

The College's public protection mandate includes ensuring that people who are not registered or licensed with the College do not provide any service or treatment that is considered the practice of medicine.

In November 2021, the BC Court of Appeal reduced the sentence of Maria Ezzati, who was serving six months in prison for being in contempt of court by injecting people with Botox and dermal fillers. Ms. Ezzati's original sentence was reduced to three months. She is not a registered or licensed health professional and is prohibited from providing any service that may only be provided by a registrant of the College.

## Addressing patient concerns

### Health Professions Review Board (HPRB) Complaint matters

- 777** reviewable complaint decisions
- 74** applications for review of a complaint decision
- 0** applications for review of a delay in the completion of the investigation

Note: As per the *Health Professions Act*, all complaint parties are permitted to file a delay application when the investigation exceeds 255 days.

#### The College received the following final decisions from the HPRB with respect to Inquiry Committee matters:

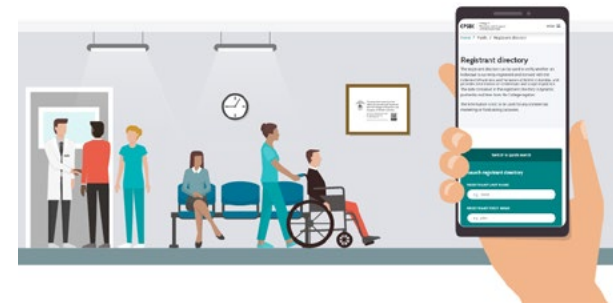
- 51** confirmations of the Inquiry Committee disposition
  - 10** dismissals of an application for review of an Inquiry Committee disposition
- Note: A dismissal includes applications voluntarily withdrawn by the applicant and applications formally dismissed by the HPRB.
- 4** remittals back to the Inquiry Committee for reconsideration
  - 0** applications for review of a delay in the completion of the investigation concluded with order to complete investigation by a specific date

Pursuant to the *Health Professions Act*, a complainant has the right to take complaint dispositions of the Inquiry Committee to the HPRB within 30 days of the day on which written notice of the disposition is delivered to the complainant for two reasons: 1) if they wish to appeal the decision of the Inquiry Committee (reviewable IC dispositions); 2) if the Inquiry Committee does not conclude the complaint within a legislated time frame (delayed investigation notices).

All of the decisions made by the HPRB can be found at [www.hprb.gov.bc.ca](http://www.hprb.gov.bc.ca).

### Private office signage

With the approval of section 7-5 of the College Bylaws, as of January 2022, registrants practising in a private office were required to post signage, or provide written notice to patients, that the physicians and surgeons practising at that location are licensed and regulated by the College. This is an additional way to provide patients with confidence that the physician or surgeon they are seeing is registered, qualified, competent and fit to practise. The signage, which has the College's contact information, website address and a QR code linking to the online registrant directory, must be displayed in a high-traffic public area such as a waiting room or lobby.





# 6 Ensuring registrant competence

The College's quality assurance programs ensure that registrants remain competent through continuing professional development, that they adhere to practice standards and professional guidelines, and that they fulfill the duties and obligations outlined in the Canadian Medical Association's *Code of Ethics and Professionalism*. The programs are collegial, supportive and designed to proactively assess and educate registrants by highlighting areas of excellence and identifying opportunities to guide lifelong learning.

## Drug programs

### Prescription Review Program

The Prescription Review Program assists registrants with the challenging task of prescribing opioids, benzodiazepines, stimulants and other potentially addictive medications with appropriate caution.



- 120** referrals received
- 43** new files opened
- 64** existing files closed
  - 77%** of files were closed for improvement in prescribing
- 92** files currently open in various stages of the process
- 6** files were referred to the Inquiry Committee

Hosted the Prescribers Course in May 2021 and February 2022

**59** participants

Hosted the Chronic Pain Management Conference in September 2021

**187** participants

### Controlled Prescription Program



The Controlled Prescription Program aims to reduce inappropriate prescribing of controlled medications and to prevent forgeries. Prescriptions for the controlled medications specified in the program must be written on the duplicate prescription pad specially developed for this purpose.

**22,347** prescription pads issued

**80,600** electronic medical record printer-friendly sheets issued

## Ensuring registrant competence

### The College's perspective on safer supply

The rise in deaths due to street drugs with toxic illicit fentanyl is a public health crisis that has affected thousands of families and communities across Canada. The dramatic increase in numbers since the beginning of COVID-19 demonstrates a need to explore new approaches and clinical innovations such as safer supply to care for those with substance use disorders (SUD).

The College was pleased when the BC Ministry of Mental Health and Addictions, and the BC Ministry of Health released their policy direction paper last July. *Access to Prescribed Safer Supply in British Columbia: Policy Direction* calls for the augmentation of existing and established harm reduction strategies, including take-home naloxone, overdose prevention services, acute overdose risk case management, and treatment

and recovery. The solution to the overdose crisis is multi-faceted and the government's willingness to support safer supply programs and improve access to community services as a step forward is commendable.

The College acknowledges that providing pharmaceutical-grade alternatives to the toxic street supply, both in the context of a comprehensive treatment plan or as a standalone harm reduction strategy, may allow registrants to better support patients with SUD, and may reduce their risk of overdose and death. With appropriate safeguards in place, including practising within the limits of their clinical competence and preferably in a team-based setting, the College has encouraged registrants to use their professional judgment to determine the best treatment plan for their patients.

Prescribing is complex, and even the most seasoned practitioners find prescribing of certain types of drugs challenging. As this issue becomes more and more acute, the College has supported continuing professional development in this area.

The College's role is to ensure registrants provide safe care to their patients. It has no role in advocating for or endorsing any particular clinical intervention or settling the scientific debate on the risks and benefits of safer supply. The College defers to experts in this field who are working together to gather more evidence to inform clinical guidelines and program developments.

## Ensuring registrant competence

### Physician Practice Enhancement Program



All registrants who provide community-based care in private offices or multi-practitioner clinics, or who work as long- and short-term locums, will participate in the Physician Practice Enhancement Program (PPEP) at some point in their career. During a PPEP assessment, a registrant may be required to participate in five assessment components:

- peer practice assessment of recorded care
- multi-source feedback assessment
- review of their PharmaNet prescribing profile
- office assessment
- interview with feedback and coaching

PPEP assessments provide external evaluation using multiple measures to assess performance, knowledge, and skills, as well as initial educational support for registrants to ensure they meet appropriate and current standards of practice throughout their professional lives.

**469** practice assessments initiated  
**327** practice assessments completed  
**56** on-site  
**271** remote

### Transition to online learning

The College's quality assurance programs and activities include providing educational workshops to support good medical practice, such as the Prescribers Course, Medical Record Keeping, and Professionalism in Medical Practice.

Until recently, the College's educational workshops were offered to registrants exclusively in person. In order to broaden reach across the province and provide flexibility in course format and content, the College is planning to transition its educational workshops to interactive virtual learning opportunities.

In 2021, the College retained an external vendor to help identify the most appropriate and effective learning management system and conduct an audit of current course material. The courses will begin to be developed and deployed in 2022.

## Ensuring registrant competence

**Geographic distribution of practice assessments**

		Family practitioners	Specialists	Podiatric surgeons	Total
<b>District 1</b>	Vancouver Island, South	41	8	1	50
<b>District 2</b>	Vancouver Island, Central and Northern	25	2	0	27
<b>District 3</b>	Vancouver and surrounding area	136	44	0	180
<b>District 4</b>	Fraser	111	12	1	124
<b>District 5</b>	Thompson-Okanagan	46	0	0	46
<b>District 6</b>	Kootenays	21	0	0	21
<b>District 7</b>	Northern	20	1	0	21
<b>Grand total</b>		<b>400</b>	<b>67</b>	<b>2</b>	<b>469</b>

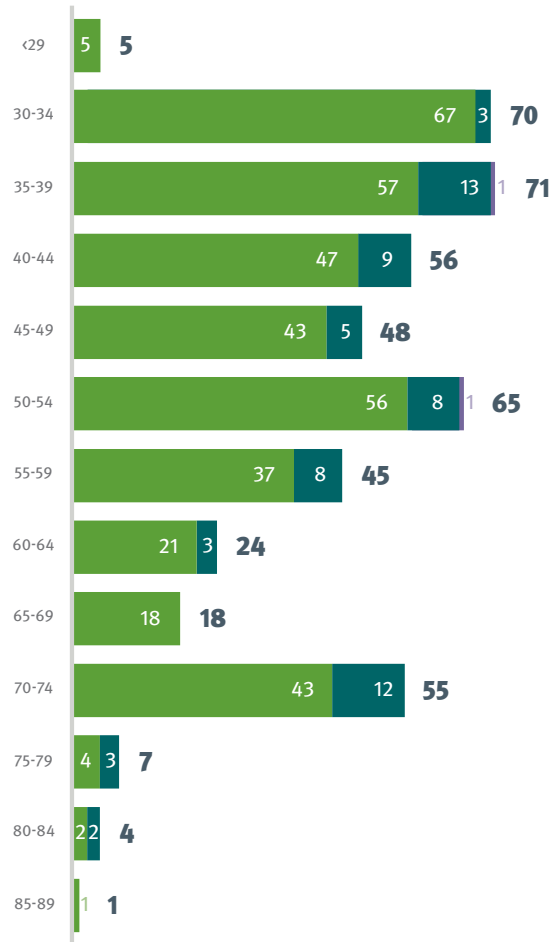
## Ensuring registrant competence

### Age distribution of practice assessments

**400**  
family practitioners

**67**  
specialists

**2**  
podiatric surgeons



### Physician Office Medical Device Reprocessing Assessments



The College’s Physician Office Medical Device Reprocessing Assessments (POMDRA) initiative proactively assesses the reprocessing of reusable semi-critical and/or critical medical devices in community-based physician offices and provides support and education to registrants and office staff so they can continue to provide safe care to their patients.

POMDRA is based on the requirements outlined in the Ministry of Health’s *Best Practices for Cleaning, Disinfection and Sterilization for Critical and Semi-Critical Medical Devices* (2011) and the Canadian Standards Association medical device reprocessing standard. POMDRA applies to registrants who practise in a community-based setting whether in a solo office or multi-practitioner clinic. It does not apply to clinical offices or outpatient clinics affiliated with a health authority or hospital, which have their own evaluation processes.

**186** assessments completed

**50** on-site

**136** remote

## Ensuring registrant competence

### Accreditation programs

The College administers two programs that accredit all of BC's diagnostic and private medical/surgical facilities. The College's accreditation programs establish accreditation and performance standards, procedures and guidelines to ensure the delivery of high-quality health system services.

### Diagnostic Accreditation Program



The Diagnostic Accreditation Program has 24 accreditation programs covering diagnostic imaging, laboratory medicine, neurodiagnostic services, pulmonary function and polysomnography.

- 564** private diagnostic services operate in BC
- 433** public diagnostic services operate in BC
- 449** assessments performed
  - 116** initial
  - 249** site
    - 67** focused
    - 17** relocation
- 100** facilities assessed for COVID-19 collection and testing

## Ensuring registrant competence

### Non-Hospital Medical and Surgical Facilities Accreditation Program



The Non-Hospital Medical and Surgical Facilities Accreditation Program accredits private medical/surgical facilities across the province.

- 47** private medical/surgical facilities operate in BC
- 12** procedural pain management (PPM) facilities operate in BC
  - 12** PPM facilities were granted provisional accreditation
    - 1** PPM facility with provisional accreditation closed
- 17** assessments conducted
  - 7** non-hospital medical/surgical facilities were granted a full four-year accreditation award
  - 2** non-hospital medical/surgical facilities were granted a four-year accreditation award with a mid-cycle focused assessment

**88,962** procedures were performed in private medical/surgical facilities across the province

**50%** of procedures performed (excluding laser refractive eye surgery) were publicly funded cases (e.g. MSP or health authority)

**3%** of procedures (excluding laser refractive eye surgery) were contracted by a third party (e.g. WorkSafeBC, ICBC)

**767** registrants are authorized by the College to provide medical services in one or more private medical/surgical facilities

# 7 Collaborating with key health partners

## Partnerships

A top priority for the College is to work collaboratively with key partners such as government, universities, hospitals, associations, and other organizations to address provincial and national issues such as:

- modernizing BC's health regulatory framework
- addressing Indigenous-specific racism in BC's health-care system
- reviewing practice standards and professional guidelines

**4,646**

registrants attested on their 2022 Annual Licence Renewal Form that they had completed an Indigenous cultural competency training course

## BC Public Advisory Network

The BC Public Advisory Network (BC-PAN) was established to encourage more comprehensive and meaningful public engagement on important issues related to health-care regulation in BC. The BC-PAN is a joint initiative of 10 health regulators consisting of 16 public advisors from across the province with various backgrounds, perspectives, and experiences.

The second operational year of the BC-PAN consisted of three two-day virtual meetings in June, October, and February. The BC-PAN discussed the following topics:

- how the colleges can support members of the public outside of the formal complaints process
- what is important for patients to know when their health-care provider retires or leaves their practice



- what patients should be told if their health-care provider sells or endorses a specific product or treatment
- what patients should know about providing informed consent
- what patients should be aware of if their health-care provider has a dual relationship with them
- how the colleges can create helpful and accessible public resources

To learn more about the work of the BC-PAN, visit [www.bcpaan.ca](http://www.bcpaan.ca).



# 8 Guiding the profession

## Developing practice standards and professional guidelines

The College is committed to sharing information and consulting widely with registrants, the public, the Ministry of Health, and its health partners on matters of mutual interest and importance. In 2021/22, the College engaged many in the development and ongoing review of various practice standards and professional guidelines.

### Consultation

Consulting with registrants during the development of new or revised practice standards provides insight into various perspectives on specific issues, including how to apply standards in a clinical setting. Hearing directly from patients helps guide the development of public resources which clearly explain aspects of standards that relate to them, such as when a registrant is required to obtain their consent.

## Practice standards

The following new or revised practice standards were approved by the Board and published on the College [website](#):

- *Access to Medical Care Without Discrimination*
- *Advertising and Communication with the Public*
- *Ending the Patient-registrant Relationship*
- *Indigenous Cultural Safety, Cultural Humility and Anti-racism*
- *Medical Records Documentation*
- *Medical Records Management*
- *Treatment of Self, Family Members, and Others Close to You*
- *Virtual Care*

## Public resources

The following public resources were developed or revised, and published on the College [website](#):

- *Treatment of Self, Family Members and Others Close to You*
- *Virtual Care*
- *Indigenous Cultural Safety, Cultural Humility and Anti-racism*

## Guiding the profession

### Virtual care

To remain current during the pandemic, the College's previously titled *Telemedicine* practice standard underwent a major revision based on consultation. Following the consultation, the newly titled *Virtual Care* practice standard was reviewed and revised by the Patient Relations, Professional Standards and Ethics Committee and approved by the College's Executive Committee in June 2021.

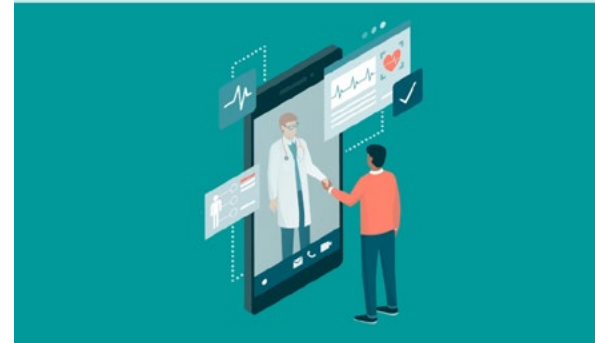
Key revisions include:

- a new section outlining appropriate use of virtual care
- a more relaxed consent process to reflect realistic expectations
- clarification that a timely in-person assessment must be done by registrants themselves, or another registrant or nurse practitioner with whom the registrant has a pre-established agreement
- an expanded section outlining expectations related to cross-border virtual care

Along with the updated practice standard, a short video outlining the changes to the standard and a revised Virtual Care: What to Expect public resource were published.

#### The *Virtual Care* practice standard clarifies:

Virtual care has many benefits to patients; however, it can also create barriers.



The College published a brief video on social media to highlight key elements of the new *Virtual Care* practice standard.

# 9 Managing resources

## Statement of operations

(Expressed in thousands of dollars)

Year ended February 28, 2022, with comparative information for 2021.

The complete audited financial statements with notes can be found on the College [website](#).

	2022	2021
<b>Revenues</b>		
Annual registrant and incorporation fees	<b>\$ 27,052</b>	\$ 25,888
Annual accreditation fees	<b>5,119</b>	4,798
Application fees	<b>2,195</b>	1,474
Investment income (note 7)	<b>1,301</b>	1,261
Other income	<b>839</b>	759
Rental income	<b>208</b>	261
	<b>36,714</b>	34,441
<b>Expenses</b>		
Salaries and benefits	<b>20,511</b>	19,210
Assessments, accreditations and reviews	<b>3,448</b>	2,313
Amortization	<b>2,208</b>	2,336
General and administrative (note 4)	<b>1,836</b>	2,016
Occupancy costs	<b>1,534</b>	1,351
Information technology	<b>1,265</b>	1,924
Professional fees (note 4)	<b>1,150</b>	1,236
Board and committees	<b>992</b>	943
Library resources	<b>507</b>	498
	<b>33,451</b>	31,827
Excess of revenues over expenses before undernoted	<b>3,263</b>	2,614
Unrealized gain on investments	<b>196</b>	772
<b>Excess of revenues over expenses</b>	<b>\$ 3,459</b>	\$ 3,386

## Managing resources

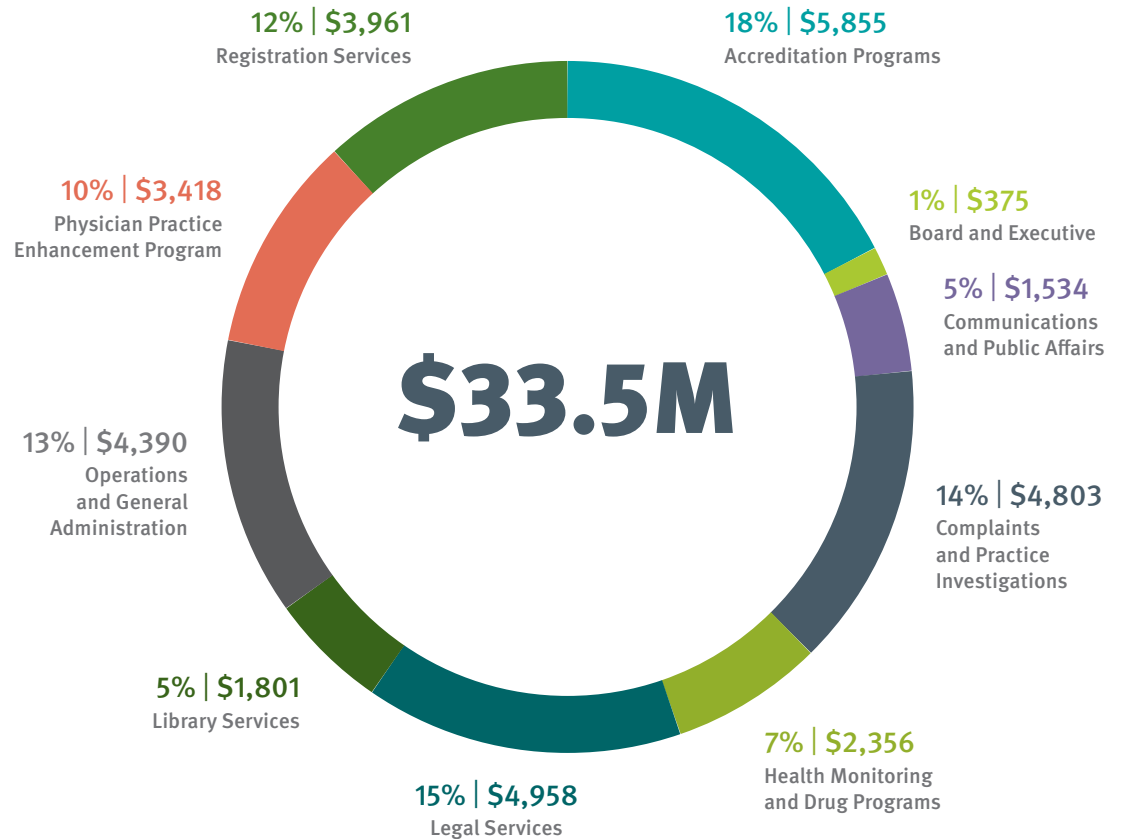
### Expenditures by function

(Expressed in thousands of dollars)

Year ended at February 28, 2022

Note: Allocations of expenditures by function are unaudited figures.

Accreditation Programs	\$ 5,855	18%
Board and Executive	375	1%
Communications and Public Affairs	1,534	5%
Complaints and Practice Investigations	4,803	14%
Health Monitoring and Drug Programs	2,356	7%
Legal Services	4,958	15%
Library Services	1,801	5%
Operations and General Administration	4,390	13%
Physician Practice Enhancement Program	3,418	10%
Registration Services	3,961	12%
<b>TOTAL</b>	<b>\$ 33,451</b>	<b>100%</b>



# 10

## Practising good governance

### Strategic plan

The following provides a high-level summary of progress made towards key goals in 2021/22 as they relate to the four pillars in the strategic plan as of February 28, 2022.

### Continuous quality improvement

- All board members and many committee members have taken training in implicit bias, trauma-informed practice and administrative fairness.
- A new open call process for committee members ensures that selection is fair and transparent, where applicants are chosen based on their professional background, education and training, lived experience, and alignment with identified competencies.

### Cultural safety and humility

- The new *Indigenous Cultural Safety, Cultural Humility and Anti-racism* practice standard launched with a library of educational resources to support registrants.

- A critical review of the complaints process is under way to identify opportunities to make it safer and more accessible to Indigenous Peoples.
- A significant rebranding process initiated this year will include retiring the College crest, a distinctly colonial symbol, with a new identity that reflects the current-day values of inclusivity and accessibility to all British Columbians.

### Regulatory innovation

- Potentially unsafe prescribing practices will be assessed and addressed through a new provincial prescription review monitoring

program, with funding committed this year from the Ministry of Health.

### Engagement

- Now in its second year, the BC Public Advisory Network continues to be valuable for obtaining public feedback on regulation, such as the development of practice standards and patient resources, and enhancing communication.
- Current in-person workshops for registrants will be transitioned over the next two years to online learning modules to broaden reach across the province and provide enduring flexibility in course format and content.



## Practising good governance

As of February 28, 2022

### College Board

The role of the College and its authority and powers are set out in the *Health Professions Act*, RSBC 1996, c.183, the Regulations and the Bylaws made under the Act. A Board of 10 peer-elected registrants and six members of the public appointed by the Ministry of Health govern the College. Under the legislation, the College has many committees made up of board members, medical professionals and public representatives who review issues and provide guidance and direction to the Board and the College staff, ensuring a well-balanced and equitable approach to regulation. The daily operations of the College are administered by the registrar and CEO, and other medical and professional staff.

### Board members

#### Officers

President: Dr. B.A. Priestman  
 Vice-president: Mr. T.T.S. Mann  
 Treasurer: Dr. C.S. Leger

#### Elected members

District 1: Dr. J.T. Wale  
 District 2: Dr. J.J. Kingsley  
 District 3: Dr. R.R. Abrahams  
 Dr. C.S. Leger  
 Dr. C.Y.C. Nguan  
 District 4: Dr. B.A. Priestman  
 Vacant  
 District 5: Dr. W.D. Sanden  
 District 6: Dr. A. Du Preez  
 District 7: Dr. P.D. Rowe

### Appointed public members

Mr. B.C. Bell  
 Ms. J.W.E. Dyson  
 Dr. M.L. Greenwood, PhD  
 Mr. T.T.S. Mann  
 Ms. S.F.J. Ross

### College leadership

#### Registrar and CEO

Dr. H.M. Oetter

#### Deputy registrars

Dr. M.J. Murray  
 Dr. D.G. Puddester  
 Dr. D.A. Unger

#### Deputy registrar, chief legal counsel

Mr. G. Keirstead

#### Chief operating officer

Mr. M. Epp

#### Executive director, registration

Ms. C. de Bruin

### Board member appointed to Order of Canada

Dr. Margo Greenwood was appointed as an officer of the Order of Canada on December 29, 2021, one of the highest honours in the country. Dr. Greenwood is an academic leader and Indigenous scholar of Cree ancestry with years of experience focused on the health and well-being of Indigenous children, families and communities. She joined the College Board in 2021 and also holds a professor appointment in both the First Nations studies and education programs at the University of Northern British Columbia.

## Annual General Meeting

Friday, September 23, 2022



Back row (left to right): Dr. H.M. Oetter, Dr. A. Du Preez, Dr. P.D. Rowe, Dr. C.S. Leger, Dr. W.D. Sanden, Ms. C. de Bruin, Mr. M. Epp, Dr. J.T. Wale, Dr. J.J. Kingsley, Dr. D.A. Unger

Front row (left to right): Dr. M.J. Murray, Ms. S.F.J. Ross, Dr. R.R. Abrahams, Dr. B.A. Priestman, Mr. L.R. Yip, Ms. J.W.E. Dyson, Mr. G. Keirstead

Absent: Mr. B.C. Bell, Dr. M.L. Greenwood, Mr. T.T.S. Mann, Dr. C.Y.C. Nguan, Dr. D.G. Puddester

## Practising good governance

### College committees

The Board establishes standing committees made up of board members, subject matter experts and public representatives who review issues and provide guidance and direction to the Board and College staff, ensuring a balanced and equitable approach to professional regulation.

#### Legend

- \* Board member
- + Chair
- ⊕ Vice-chair
- Public representative
- \* Alternate

#### Executive Committee

Dr. B.A. Priestman \*+  
 Mr. T.T.S. Mann \*⊕●  
 Dr. C.S. Leger \*  
 Mr. B.C. Bell \*●  
 Dr. J.J. Kingsley \*  
 Ms. S.F.J. Ross \*●

#### Finance and Audit Committee

Dr. C.S. Leger \*+  
 Mr. B. Sanghera ⊕●  
 Mr. B.C. Bell \*●  
 Dr. B.A. Priestman \*  
 Ms. K. Raman ●  
 Ms. S.F.J. Ross \*●  
 Dr. P.D. Rowe \*

#### Registration Committee

Dr. O.G. Casiro +  
 Dr. M.D. Carter ⊕  
 Dr. L.F. Dindo  
 Dr. A. Du Preez \*  
 Mr. D. Goldsmith ●  
 Ms. T. O'Grady ●  
 Dr. A.R. Patel, DPM  
 Dr. J. Yee, DPM  
 Dr. I.C. Hughan \*  
 Mr. B.D. Penner, QC ●\*

#### Inquiry Committee

##### Panel A

Dr. P.D. Rowe \*+  
 Ms. S.F.J. Ross \*⊕●  
 Ms. J. Erickson ●  
 Dr. B.A. Priestman \*  
 Ms. L. Charvat ●\*  
 Dr. M.L. Greenwood,  
 PhD \*●\*  
 Dr. G.A. Vaughan \*

#### Panel B

Dr. B.M. Bagdan +  
 Mr. T.T.S. Mann \*⊕●  
 Dr. N.P. Blair  
 Ms. J.N.Y. Choi ●  
 Dr. T. Cordoni  
 Dr. M.J. McMillan  
 Ms. H. Muller ●  
 Ms. L. Shore ●  
 Dr. J.A. Soles  
 Dr. D.A. Spooner  
 Dr. J.T. Wale \*

##### Panel C

Dr. L.K. Wong +  
 Ms. J.W.E. Dyson \*⊕●  
 Ms. K. Brooks ●  
 Dr. K.K. Lee  
 Ms. P.A. McDonald ●  
 Dr. S. Sohmer  
 Dr. G.A. Vaughan  
 Ms. L. Argatoff ●\*

#### Panel D

Dr. L.F. Dindo +  
 Dr. A.I. Sear ⊕  
 Ms. C. Evans ●  
 Panel E  
 Mr. B.D. Penner, QC +●  
 Dr. J. Arneja  
 Dr. G.A. Vaughan

##### Panel F

Dr. W.G. Chalmers, DPM  
 Dr. Z.N. Ladha, DPM

#### Alternate members (Panels B to E)

Dr. S. Teja \*  
 Dr. J.P. Kerrie \*  
 Dr. F.A. Dossa \*  
 Dr. R. McCallum \*

#### Discipline Committee

##### Physician members

Dr. D.M.S. Hammell +  
 Dr. K.E. Bennett  
 Dr. D.J. Etches  
 Dr. J.H. Finkler  
 Dr. R.A. Irvine  
 Dr. B.J. Kane

##### Podiatric surgeon members

Dr. Z.N. Ladha, DPM  
 Dr. G. Lindsey, DPM



## Practising good governance

### Public representative members

Ms. J. Clarke ●  
 Mr. S. Gill ●  
 Ms. V. Jenkinson ●  
 Mr. S. Kuiack ●  
 Mr. M.A. MacDougall ●  
 Ms. B.A. Martin ●  
 Ms. B.J. Round ●

### Legal members

Ms. A.R. Westmacott, QC ●  
 Ms. M. Baird, QC ●  
 Mr. K. Bracken, QC ●  
 Mr. H. Kushner ●  
 Ms. K.F. Nordlinger, QC ●  
 Ms. J.P. Whittow, QC ●

### Quality Assurance Committee

#### Non-Hospital Medical and Surgical Facilities Accreditation Program Patient Safety Incident Review Panel

Dr. W.D. Sanden \*+  
 Dr. R.R. Abrahams \*  
 Ms. J.M. Barens ●  
 Mr. B.C. Bell \*  
 Dr. C.D.S. Ho  
 Dr. J.M. Leith  
 Dr. P.A. Lennox  
 Dr. C.Y.C. Nguan \*  
 Dr. R.L. Preston  
 Dr. K. Seethram  
 Dr. K.B. Sexton  
 Mr. K. Stewart ●  
 Ms. B. Willson, RN ●  
 Mr. A. Wray ●

### Physician Practice Enhancement Panel

Dr. J.J. Kingsley \*+  
 Mr. T.T.S. Mann \*  
 Dr. F Chan, DPM  
 Dr. K. Eva, PhD ●  
 Dr. I. Fadyeyeva  
 Dr. D.R.S. Haslam  
 Dr. D.S. Holowenko  
 Dr. C.D. Icton  
 Dr. B.O. Kassen  
 Dr. C.J. Kwiatkowski  
 Dr. L.K. Mackenzie  
 Ms. B. Maxwell ●  
 Dr. D.L. McLachlan  
 Dr. H.N. Postowski, DPM  
 Ms. W. Winslow ●

### Prescription Review Panel

Ms. J.W.E. Dyson \*+  
 Mr. D. Pavan, RPh ●  
 Dr. P.J. Bach  
 Dr. M.P. Butterfield  
 Dr. H. de Kock  
 Dr. S.H. Lu  
 Ms. M. Sam ●  
 Dr. W.A. Woodfield

## Open call process for committee members

In March 2021, the College invited members of the public and registrants who reside in BC to contribute their knowledge, skills and expertise by joining a College committee. To ensure fairness and transparency, a new open call process was used to recruit members, where applicants were selected according to their alignment with identified competencies and other selection criteria. The College continued its commitment to representation, equity, and inclusion by reaching out to a diverse array of people from around the province through the College website, social media, and BC job boards. The 22 committee member vacancies posted in March 2021 were successfully filled on May 27, 2021. More information about current vacancies and the recruitment process is available on the College [website](#).

## Practising good governance

### Non-Hospital Medical and Surgical Facilities Accreditation Program Committee

Dr. W.D. Sanden \*+  
 Dr. R.R. Abrahams \*+  
 Ms. J.M. Barens ●  
 Mr. B.C. Bell \*●  
 Dr. C.D.S. Ho  
 Dr. J.M. Leith  
 Dr. P.A. Lennox  
 Dr. C.Y.C. Ngan \*  
 Dr. R.L. Preston  
 Dr. K. Seethram  
 Dr. K.B. Sexton  
 Mr. K. Stewart ●  
 Ms. B. Willson, RN ●  
 Mr. A. Wray ●

### Diagnostic Accreditation Program Committee

Dr. R.C. Reyes +  
 Dr. C.J. Yong-Hing +  
 Dr. R. Alaghebandan  
 Ms. M. Diacu ●  
 Dr. F. Ervin  
 Mr. T. Rode ●  
 Dr. W.D. Sanden \*  
 Ms. L. Vienneau ●  
 Dr. W.W. Yap  
 Dr. R.R. Abrahams \*+  
 Dr. D.A.A. Adams \*  
 Dr. R.S. Attariwala \*  
 Dr. K.M. Brown \*  
 Dr. C.V. Cheng \*  
 Dr. J.L. Diggle \*  
 Dr. J.A. Fleetham \*  
 Dr. G. Han \*  
 Dr. S. Hume \*  
 Dr. W.W. Lai \*  
 Dr. S. Malhotra \*  
 Dr. R.E. Mueller, PhD ●\*  
 Dr. G.V. Segal \*

Dr. A.W. Shih \*  
 Dr. M.J. Somerville \*  
 Dr. S.M. Vercauteren \*  
 Dr. T.T.T. Wong \*  
 Dr. M.T.S. Yan \*

### Patient Relations, Professional Standards and Ethics Committee

Ms. S.F.J. Ross \*+●  
 Ms. L. Charvat +●  
 Dr. R.R. Abrahams \*  
 Ms. M.L. Casavant ●  
 Dr. M.L. Greenwood, PhD \*●  
 Dr. S.K. Jennings, DPM  
 Dr. J.J. Kingsley \*  
 Dr. B.L. Wagner  
 Dr. D.M.S. Hammell \*

### Blood Borne Communicable Diseases Committee

Dr. M. Krajden +  
 Dr. C.S. Leger \*+  
 Dr. B.J.F. Henry  
 Dr. V.C. Montessori  
 Dr. A. Ramji

### Library Committee

Dr. P.A. Glaze +  
 Dr. C.M. Hall +  
 Dr. A.D. Anzarut  
 Dr. C.Y. Cheng  
 Dr. F.A. Dossa  
 Dr. U.J. Lee

### Governance Committee

Mr. B.C. Bell \*+●  
 Dr. P.D. Rowe \*+  
 Dr. B.A. Priestman \*  
 Dr. G.A. Vaughan

### Human Resources Committee

Dr. B.A. Priestman \*+  
 Dr. T.T.S Mann \*+●  
 Mr. B.C. Bell \*●  
 Dr. J.J. Kingsley \*  
 Dr. C.S. Leger \*  
 Ms. S.F.J. Ross \*●

### Nominations Committee

Mr. B.C. Bell \*+●  
 Dr. P.D. Rowe \*+  
 Ms. L. Charvat ●  
 Ms. S.F.J. Ross \*●  
 Dr. G.A. Vaughan

## Practising good governance

As of February 28, 2022

## College departments and contacts

### Office of the Registrar

Dr. H.M. Oetter, Registrar and CEO

### Registration

Ms. C. de Bruin, Executive Director

### Complaints and Practice Investigations

Dr. D.G. Puddester, Deputy Registrar

Mr. D. Martinig, Director

### Health Monitoring and Drug Programs

Dr. D.A. Unger, Deputy Registrar

### Physician Practice Enhancement Program

Dr. M.J. Murray, Deputy Registrar

Ms. N. Castro, Director

### Accreditation Programs

Dr. M.J. Murray, Deputy Registrar

### Legal Services

Mr. G. Keirstead, QC, Deputy Registrar,  
Chief Legal Counsel

Ms. C.S. Gulabsingh, Legal Counsel

Ms. S. Jamal, Legal Counsel

Ms. M. Stimac, Legal Counsel

#### Professional Medical Corporations

Ms. S. Jamal, Legal Counsel

#### Records, Information and Privacy

Ms. M. McKeen, Director (deceased)

### Operations

Mr. M. Epp, Chief Operating Officer

#### Finance and Corporate Services

Mr. J. Pesklevits, Director

#### Human Resources

Ms. A. Horton, Director

#### Information Technology

Mr. C. Telford, Director

### Communications and Public Affairs

Ms. S. Prins, Director

### College Library

Dr. K. MacDonell, PhD, Director



The College has been recognized as one of BC's Top Employers since 2011, and one of Canada's Top Employers since 2014. As one of Canada's most respected annual awards, the Canada's Top 100 Employers competition recognizes excellence in companies who provide exceptional workplaces and benefits to their employees.